national integration by removing the contradictions based on ideologies".

Coverage of DOTS

*311. SHRI EKANATH K. THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that according to the World Health Organisation's report, India has the highest number of TB cases in the world;

(b) whether it is a fact that though the country is credited with most rapidly developing free DOTS (Directly Observed Therapy) programme in the world, only 55 per cent Indians were covered by DOTS in 2002; and

(c) if so, the steps Government propose to take to cover more Indians under DOTS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Yes, Sir. India accounts for nearly one-third of Global TB burden. It is estimated that every year about 2 million new cases are occurring in the country of which about 50% are sputum positive, which are infectious cases of TB. However, the incidence of TB in India estimated by WHO at 178 cases per lakh population is lower than the rate of incidence in many high ranking countries but due to the large population size in India the actual number of patients in the country is larger.

DOTS coverage is being rapidly expanded in the country. From 20 million coverage in 1998, about 700 million population has been covered at present. It is envisaged to cover 850 million population by 2004 and the entire country by 2005 under the revised strategy.

750 million population of several States will be covered under World Bank Assisted Project. Andhra Pradesh, Orissa and Haryana are to be covered with assistance from DFID, DANIDA and USAID respectively. The three new States of Chhattisgarh, Jharkhand & Uttaranchal and balance population of UP and Bihar, are to be covered by assistance from the Global Funds for AIDS, TB and Malaria (GFATM).

To make the programme more accessible to larger segments of the population, facilities for diagnosis by sputum microscopy have been decentralized at places near to be patients and strengthened. Drugs are provided under observation. To supplement the Government efforts in this direction, emphasis is also being given to involve medical colleges, all general hospitals, private practitioners and NGOs in the programme.

Thalassaemia Disease

*312. SHRI PRASANTA CHATTERJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that pre-marriage counselling is the only alternative to eradicate Thalassaemia disease; and

(b) if so, whether Government intend to initiate any awareness compaigns throughtout the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes, Sir. The pre-marriage counselling is essential to eradicate Thalassaemia.

With effect from 1.3.2000, Indian Council of Medical Research (ICMR) have taken up a research project entitled "Community Control of Thalassaemia Syndromes-Awareness, Screening, Genetic Counselling and Prevention". Under this project, in the six States of Maharashtra, Gujarat, Assam, West Bengal, Punjab and Karnataka, awareness-camps are being organized, high risk communities are being screened and genetic counselling is being provided to them.

Conversion of industrial and commercial property

*313. DR. AKHILESH DAS:
SHRI KALRAJ MISHRA:

Will the Minister of URBAN DEVELOPMENT AND POVERTY ALLEVIATION be pleased to state:

(a) whether Government have decided to allow conversion of commercial and industrial property lease into free-hold;

(b) if so, the details of the scheme indicating the rates of conversion and the criteria for fixing market value of the property; and